

TOWN OF GRAFTON

GRAFTON MEMORIAL MUNICIPAL CENTER 30 PROVIDENCE ROAD GRAFTON, MASSACHUSETTS 01519 (508) 839-5335 ext 1120 • FAX (508) 839-4602 planningdept@grafton-ma.gov www.grafton-ma.gov

RECEIVED

AUG 18 2016

2015-31

PLANNING BOARD APPLICATION FOR MODIFICATION OF A SPECIAL PERMIT GRAFTON, MA

Application No	Application No		
APPLICANT & PROPERTY OWNER INFORMATION			
NAME ROCCO Addeo			
STREET 120 Milford Road CITY/TOWN	SOUTH GRAFTON		
STATE MA ZIP 01560 TELEPHONE (508) 324-543	37		
NAME OF PROPERTY OWNER (if different from Applicant) Pulso Sef STORA	AC OF GRAPION LLC		
Deed recorded in the Worcester District Registry of Deeds Book 64266 Pa	ge		
STREET AND NUMBER 100 MILFORD ROAD	7016 hub		
ZONING DISTRICT OLT ASSESSOR'S MAP 133 LOT	#(S) 13		
LOT SIZE 5 ACROS FRONTAGE			
CURRENT USE	<u> </u>		
PLANTITLE HILTOP SELE STORAGE	0 58		
PREPARED BY (name/address of PE/Architect) And New 5 ENgioneering DATES 15 5	9		
Use for which Special Permit is sought: (refer to § 3.2.3.1 of the Zoning Bylaw - Use R	egulation Table):		
Cite all appropriate sections of the Zoning By-Law which pertain to this Applicati	on, Use and Site:		
TO THE GRAFTON PLANNING BOARD:			
The undersigned, being the APPLICANT named above, hereby applies for a SPECIA the Planning Board and certifies that, to the best of APPLICANT'S knowledge and belief, herein is correct and complete.	AL PERMIT to be granted by , the information contained		
Applicant's Signature	Date: 8 12 16		
Property Owner's Signature (if not Applicant)	Date:		



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PLANNING BOARD

Updated: August 24, 2009

PLANNING BOARD APPLICATION FOR MODIFICATION OF A SITE PLAN APPROVERAFTON, MA Application No. APPLICANT NAME: TELEPHONE ZIP 01560 **TELEPHONE** Deed recorded in the Worcester District Registry of Deeds CONTACT PERSON'S NAME: TELEPHONE SITE INFORMATION: STREET AND NUMBER 100 ZONING DISTRICT _OL ASSESSOR'S MAP LOT #(S) LOT SIZE FRONTAGE **CURRENT USE** PLAN INFORMATION: PREPARED BY DATE PREPARED REVISION DATE _____ Describe proposed changes / additions: TO THE GRAFTON PLANNING BOARD: The undersigned, being the APPLICANT named above, hereby applies for approval of the above entitled SITE PLAN by the Planning Board and certifies that, to the best of APPLICANT'S knowledge and belief, the information contained herein is correct and complete and that said PLAN conforms with the requirements of the Zoning By-Law of the Town of Grafton. Applicant's Signature Property Owner's Signature (if not Applicant) Date:



TOWN OF GRAFTON

GRAFTON MEMORIAL MUNICIPAL CENTER 30 PROVIDENCE ROAD **GRAFTON, MASSACHUSETTS 01519**

Phone: (508) 839-5335 ext 1170 • FAX: (508) 839-4602

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TREASURER / COLLECTOR

Certificate of Good Standing

Applicants seeking permits with the Town of Grafton must submit this completed form at the time of application. When all obligations are paid to date, you must attach this "Certificate of Good Standing," with your application. Delinquent bills must be paid in full before the appropriate department accepts your application. Please make arrangements to pay these outstanding bills at the Collector's Office.

Please note: it can take up to three (3) business days to process each request.

Please check all that apply and indicate if permit(s) have been issued.

Other Permit: PLANNING BOARD GRAFTON, MA Potitioner Name Property Owner / Company Name	□Building – Inspection(s) □Building – Electric □Building – Plumbing □Board of Health	Permit Issued? Yes No	□ Septic □ Conse □ Planni □ Other	Yes System	RECEIVED AUG 18 2016
Petitioner Name Property Owner / Complany Name				PL	ANNING BOARD GRAFTON, MA
Real Estate Personal Property Motor Vehicle Excise Disposal General Billing 8/18/16	Petitioner Address South CAAFTON City, State, Zip (\$08) 328-543		Property A S Grafton, N	LFOLD ROAC ddress	RAFION LLC
Personal Property Motor Vehicle Excise Disposal General Billing 8/18/16	Date:		Current	Delinquent	N/A
Motor Vehicle Excise Disposal General Billing 8/18/16	Real Estate			12 1784	
Disposal General Billing 8/18/16	Personal Property				
General Billing AATTY S/18/16	Motor Vehicle Ex	cise			V
J. HAFFTY Holle 8/18/16	Disposal				
Treasurer / Collector Name (please print) Treasurer / Collector Signature Date	General Billing		\cap		
Treasurer / Collector Name (please print) Treasurer / Collector Signature Date	J. HATT		XLLOG	7	8/18/16
OFFICE (W) Office,	Treasurer / Collector Name	000	Treasurer College	tor Signature	Date